



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

* 12. **Please read the following statement carefully.**

By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are penalties for submitting false information.

Name: _____

Date: _____